CSO Research Strategy
Response to Consultation from School of Health Sciences, University of Stirling

We welcome the opportunity to comment on CSO's Research Strategy. In 2010 the Department of Nursing at Stirling University merged with Nursing, Midwifery and Allied Health Professionals Research Unit (NMAHP-RU) and the Centre for Cancer Care Research to form the School of Nursing Midwifery and Health. In August 2014, the Institute of Social Marketing (ISM) joined with the School to form the School of Health Sciences. Our new combined identity as a School of Health Sciences reflects our interest in the broader applied health research agenda. Our research is characterised by its multi-disciplinary nature and focuses on four broad areas*: Quality and delivery of health and social care; Evaluation of complex interventions and public policy; Behaviour change;* and *Social and critical marketing.*

Through its funding programme CSO has done much to develop capacity both at Stirling University and other HEIs and Research Units across Scotland to conduct high quality applied health services and public and population health research, as well as 'clinical' research and trials. The consultation document, while it has much to commend it, at present focuses very much on clinical research. It is unclear from the strategy, what CSO's future commitment is to funding this kind of research. We argue strongly that CSO's funding programme should continue to fund and build capacity for conducting this kind of research. This theme will be returned to in our comments below.

Chapter 1 – Efficient R&D Support for Research

Question 1: Should CSO and the Health Boards set any eligibility criteria for nodal R&D Directors? Should appointment of a nodal R&D Director be for a specific time, and if so what term would be appropriate?

Question 2: CSO proposes to approve the functions of staff in R&D Offices; should CSO seek to standardise local R&D functions across Scotland, or is it preferable to allow local flexibility?

Question 3: Are there other NRS functions that might usefully be transferred from the Health Boards or CSO to the new NRS-GMS? Are there functions not currently being undertaken that the NRS-GMS might carry out?

Question 4: To what extent should the joint planning of the deployment of infrastructure resources be formalised? Should there be a formal record of such discussions?

Question 5: Taken together, will these steps to both free up and promote the availability of NRS resources address current concerns over lack of time and support? If not, are there other steps CSO should take?

Question 6: Are there any further changes that should be made to improve the efficient delivery of patients to studies through the NRS Networks and Speciality Groups?

Question 7: To what extent do delays continue to occur as a consequence of differing NHS and university requirements? To what extent is closer integration of NRS and university functions possible and desirable?

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Response: The School has no specific comments on R&D support

Chapter 2 – Partnership with Scottish Patients and Public

Question 8: Would a trial register be of benefit to patients seeking trials? Would it be an effective way to partner patients with researchers? Is there a danger that expectations of taking part could be unfairly raised?

Response: The scope of health research in Scotland that involves patients and members of the general public is much broader than clinical trials. Our experience at Stirling suggests that the general public (including NHS patients) are motivated to participate in a range of health research both as co-producers and subjects of research. Although it is not possible to predict interest, a register of all health research funded by CSO would seem to be of value. The importance of coordination with SHARE is noted in the document. In addition, a clear communication strategy to raise awareness of both initiatives to the general public, clinicians and researchers would also be appropriate.

Question 9: Would using electronic NHS patient records to alert GPs to research studies for which their patients may be eligible a service the NHS should offer? If so, would a process where NHS records are only accessed by identified NHS staff working in secure facilities, and only passing potential participant names to their GPs or hospital consultants for consideration, be a suitable way to proceed?

Response: Such a system could have merit, providing there are clear safeguards that both protect patients and prevent them from feeling/being coerced to participate in studies by their GP or clinician. The processes involved and the safeguards put in place need further explication.

Chapter 3 – Targeted Deployment of Resources and Infrastructure

Question 10: What proportion of CSO funding should be available for deployment in new research initiatives relevant to the NHS? In what areas should CSO seek to disinvest to free up resources?

Response: The question seems to imply that the balance between investment and research infrastructure and actual funded research is fixed. It also implies that funded research should be directly relevant to the NHS. A review of research priorities would inform how to target the deployment of resources and should include a review of the balance of funding between research infrastructure and health research including health services and public and population health research.

Question 11: Is the focus of the CSO response mode grant schemes adequately defined and understood by the research community? Should there be a narrower focus to complement and avoid overlap with other funding streams Scottish researchers have access to? What is a realistic upper level for CSO grants to allow worthwhile projects to progress?

Response: Based on experience in this School, the focus of CSO response mode grant schemes is well understood by most researchers. Sitting midway between NIHR and the Research Councils and smaller research charities and the newly established MRC PHIND Scheme, it provides an opportunity for the development of feasibility and pilot studies, which may then lead to larger studies funded by NIHR etc. It also provides an opportunity to address research questions which are specifically relevant to Scotland that might be unlikely to be funded by a UK funder. A significant change in funding limit would increase the overlap with the larger UK-level funders and potentially reduce the number of projects funded, which would not be desirable.

Question 12: What should determine the creation and continued funding of a CSO unit? Should any new unit have a plan for CSO funding to be time limited?

Response: Continued funding of CSO Units should be based on the assessment of both research excellence and impact and the strategic fit with Scottish and UK research priorities. A discussion with CSO and other funders about metrics for the measurement of research excellence and impact would be of value.

CSO Units appear to be able to develop, adapt their priorities and restructure without a significant loss of critical mass, capacity or research expertise. Time-limited funding for a Unit without the option of renewal would likely lead to this and is therefore undesirable.

Chapter 4 – Working in Collaboration
Question 13: Are there other key areas of partnership CSO should be seeking to build?

Response: The consultation document identifies a range of key partnerships with business, Government Departments and NIHR and medical charities. Given the Scottish Government's commitment to the integration of health and social care, new partnerships with organisations including Health Boards, Local Authorities, NHS Health Scotland and the Third Sector are essential to develop research priorities in this area.

Question 14: Would the creation of a CSO International Advisory Board be a positive step in raising Scotland's research profile and supporting our ambition? What should be the make-up of such a Board

Response: An international Advisory Board would be particularly welcome, providing important input into the development of both the strategic direction of and innovation in health research in Scotland.

Question 15: Are there other areas were CSO funded research could better support the Health Directorates Quality agenda?

Response: There are two areas of quality improvement research that CSO should consider funding. Following on from the Francis Report, there is an opportunity to develop a programme of research to identify educational and training interventions for health care staff that improve the quality of health care. Second, there is very little research to inform the development of models of health and social care integration, or their impact on the experience of patients and longer term health outcomes.

Chapter 5 – Investing in the Future

Question 16: Is the Primary Care Research Career Award scheme suitably focused to attract suitable high quality applicants? If not, what would a revised focus be?

Response: The scope of Primary Care Research Career Award scheme should be widened to reflect the quality improvement agenda as outlined in our response to Q15 above.

Question 17: Do the current CSO personal award schemes targeted to meet our future needs? If not, should CSO conduct a wider review of its capacity building schemes?

Response: In reviewing the personal award schemes, CSO should consider extending the remit of the Scottish Senior Clinical Fellowship Scheme to include 'non-clinical' fellowships.